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	Under the Pa	perwork Re	eduction	Act of 19	95, no persons are	required to respon						OMB control number	
P.	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/590,357			ing Date 14/2006	To be Mailed	
APPLICATION AS FILED – PART I										OTHER THAN			
			(Column 1)		1) (0	(Column 2)		SMALL ENTITY		OR	SMA	ALL ENTITY	
	FOR			JMBER FIL	.ED NUM	MBER EXTRA	Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A	1	N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A	1	N/A			N/A		
	EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A		
	TOTAL CLAIMS (37 CFR 1.16(i))			mir	ius 20 = *			x \$ =		OR	x s =		
	INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x \$ =			x s =		
□APPLICATION SIZE FEE (37 CFR 1.16(s))			If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))													
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL		
APPLICATION AS AMENDED – PART II													
	(Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR SMALL ENTITY			
AMEND	05/18/2009	CLAIMS REMAIN AFTER AMENDI	IING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
₹.	Total (37 CFR	* 30		Minus	30	= 0	1	x \$ =		OR	X \$52=	0	

	Independent (OF GPR & 1(NP))	• 2	Minus	**3	= 0		x\$ =		OR	x \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESEN	TATION OF MULTIF	LE DEPEN	IDENT CLAIM (37 CF	R 1.16(j))				OR		
		(Column 1)		(Column 2)	(Column 3)		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
⊥		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1,18(i))	•	Minus	*	=		x \$ =		OR	x \$ =	
ğ	Independent (37 CFR 1.16(h))		Minus	***	=	l	x \$ =	├──	OR	X \$ =	
ME	Application Size Fee (37 CFR 1.16(s))							$\vdash$	١	$\vdash$	
٧	FIRST PRESEN				OR						
• If	the entry in column	1 is less than the e	ntry in co	lumn 2, write "0" in	column 3.		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR. 1.6. The information is required to obtain or retain a benefit by the public which is in life (and by the USPTO to process) an application. Confidentiality is operander by 80 LSC. 122 and 37 CFR. 1.4. This collection is estimated to be the 21 minutes to complete, including piterpiering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andror suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nevandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Patients and Patients of Commerce, P.O. Box 1450, Nevandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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